

we feel that this is currently not indicated as our hospital regime appears to be effective in managing patients with acute epididymo-orchitis.

0024: PRIMARY HYPERPARATHYROIDISM AND UROLITHIASIS: OUR EARLY EXPERIENCE

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Background: Hyperparathyroidism is associated with an increase risk of developing renal calculi. The aim of this study was to quantify the incidence of renal calculi in patients undergoing parathyroidectomy.

Method: A retrospective study of 38 patients that have undergone parathyroidectomy between 2002 and 2009 was performed. Patient age, mode of discovery, serum levels of biochemical markers and types of renal imaging were evaluated.

Results: 38 patients (7 male), median age 59 (range 31–79) were reviewed. All patients were diagnosed with primary hyperparathyroidism incidentally. Histology of parathyroids showed 9 nodular hyperplasias and 29 parathyroid adenomas. Median adjusted calcium is 2.87 (range 2.62–5.3), median parathyroid hormone level is 15.2 (range 6.6–114.8). 6 (15%) had a 24 hour urine calcium level test and 4 (10%) had renal stone. 13 (31%) out of 18 patients (USS=5, CT KUB=3, IVU=3, abdominal x-ray=2) who have undergone renal imaging had renal calculi. 6 (16%) had renal calculi detected before confirmatory blood test for hyperparathyroidism.

Conclusion: Ultrasound scan of the kidneys could be recommended for all parathyroidectomy patients. A prospective study with 24 hours urinary metabolic work up might help to answer the relationship between primary hyperparathyroidism and urolithiasis.

0052: THE NATURAL HISTORY OF UNTREATED PROSTATE MRI LESIONS IN AN ACTIVE SURVEILLANCE PROSTATE CANCER POPULATION – 260 PATIENT-YEARS

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Aim: Lesions detected by multi-parametric (mpMRI) are positively associated with higher volume and higher grade of prostate cancer. This attribute of mpMRI makes it an ideal candidate as a tool in active surveillance (AS) to identify disease progression.

Method: Men on an AS programme were eligible provided they had 2 mpMRIs at least 3 months apart without any prostate cancer treatment. Images were assessed for the presence of a visible lesion (on T2, DCE or ADC map), and progression (by size/intensity of an existing lesion or detection of a new lesion).

Results: 98 men with histologically proven prostate cancer and a combined follow-up of 260 patient years were eligible. 51 men demonstrated no MRI progression during follow-up and all continued on active surveillance. 14/98 men underwent treatment. 11/14 either had a visible baseline lesion or developed one during follow-up.

Conclusions: Those men who did not radiologically progress at any point remained on active surveillance. The role of mpMRI in active surveillance merits further investigation.

0068: OUTCOME OF NEPHRECTOMIES IN THE OVER-EIGHTIES IN A LARGE DISTRICT GENERAL HOSPITAL

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Purpose: We investigated the morbidity and outcome of open and laparoscopic nephrectomies in patients 80 years old and over.

Materials and Methods: The records of octogenarians who underwent a nephrectomy from 1983 to 2009 were reviewed. Of 410 nephrectomies, 61 patients were originally identified, but 33 met our inclusion criteria. Patient records were analysed for morbidity and outcome.

Results: 33 patients were included with a median age of 82 years (range 80–89), (20 M; 13 F). 21 patients had significant co-morbidities, including 5 with 2 or more medical problems. Indications for surgery included malignant disease in 31 patients and benign disease in two patients. There was a 58% complication rate, including 18% intraoperative, 36% cardiovascular and respiratory and 12% renal complications. Of 13 laparoscopic cases one was converted to open. There were no returns to theatre.

30-day mortality was 3%. Overall median survival was 36 months, with a urological cancer related death rate of 32%.

Conclusion: The overall benefit of nephrectomies in patients over 80 years of age outweighs the risks of surgery. Although the morbidity rate is 58%, the overall median survival of 36 months suggests that surgery remains justified.

0208: ROLE OF EXTERNAL SPHINCTEROTOMY IN THE LONG TERM MANAGEMENT OF PATIENTS WITH SPINAL INJURY

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Introduction: Urological problems are the second most common cause of death in spinal injury patients. The optimal bladder management methods should preserve renal function and minimize urinary tract complications. Clean intermittent catheterisation is a gold standard. External sphincterotomy is also one of the methods to keep the patients free from catheter. The aim of this study is to look at the catheter free period and associated long term complications.

Methods: A database review of the patients undergoing external sphincterotomy in our hospital was done.

Results: A total of 24 patients were included in the study (12 with paraplegia, 11 with tetraplegia). The mean follow up after the first sphincterotomy was 13.75 years (range 1–36). Sixteen (67%) patients during the follow up needed the repeat sphincterotomy. Sixteen (67%) patients with the average duration of 16 (1–30) years were catheter free. Three (13%) patients needed to have an ileal conduit diversion, 5(20%) patients were converted into long term catheters.

Conclusion: External sphincterotomy has an important role in the treatment of the spinal cord injury patients with a neuropathic bladder. It is the treatment of choice for patients with a hyperreflexic bladder who are unable to catheterize themselves but can use condom drainage.

0285: PROSPECTIVE STUDY COMPARING WHITELIGHT CYSTOSCOPY VERSUS BLUELIGHT FLUORESCENCE CYSTOSCOPY IN DETECTING HIGH GRADE BLADDER TUMOUR

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Aims: Fluoroscopic-assisted (e.g. Hexvix) cystoscopy improve diagnostic yield primary transitional cell carcinoma in situ (CIS), detection rates for superficial bladder cancers; but not for the detection of high grade recurrence. The aims of this study were to validate blue light (BL) fluorescence cystoscopy after the intra-vesical application of hexaminolevulinate hydrochloride against conventional whitelight (WL) cystoscopy.

Methods: Prospective data from April to October 2010 was collected for primary high grade transitional cell bladder carcinoma (TCC), which were initially managed with transurethral resection of bladder tumour and/or chemotherapy.

Results: There was histopathologically confirmed recurrence in nine patients. WL and BL both detected recurrence in eight patients but also missed a CIS recurrence within random scar biopsy. There was no statistically significant difference between WL and BL in terms of sensitivity (89% and 86%), specificity (62% and 50%), false positive rates (38% and 47%) or false negative rates (14.3% and 11%).

Conclusions: WL and BL cystoscopy utilised for the surveillance of high grade bladder TCC demonstrated no significant difference. BL adjuvant does not impart an improved diagnostic yield. The one false negative case for recurrent CIS disease with CIS recurrence is clinically significant and does demonstrate the importance of random biopsies in suspected CIS.

0287: CURRENT STATUS OF VALIDATION FOR ROBOTIC SURGERY SIMULATORS – A SYSTEMATIC REVIEW

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Objectives: We analyzed studies validating the effectiveness of robotic surgery simulators.

Materials and Methods: The MEDLINE®, EMBASE™ and PsycINFO® databases were systematically searched until September 2011. Simulator name, training tasks, participant level, training duration and evaluation scoring were extracted.